

CONSUMER COMPLAINT REPORT
 State Form 14993 (R3/6-04)

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Health Department

**INDIANA STATE DEPARTMENT OF HEALTH
FOOD PROTECTION PROGRAM**

Floyd County

1. <input type="checkbox"/> Bacterial <input type="checkbox"/> Suspected Tampering <input type="checkbox"/> Establishment <input type="checkbox"/> Chemical <input type="checkbox"/> Foodborne Illness <input type="checkbox"/> Other _____ <input type="checkbox"/> Foreign Material <input type="checkbox"/> Mislabeling					
Date	3/21/19	Reported by	FCHD	Phone	
Complainant	Celtic Gary (Facebook messenger)	Phone (H)		Phone (Other)	
Address		City		State	Zip
Complaint Food is being cooked at home by owner and brought into the restaurant and sold.					
Injury/Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, symptoms			
Date/Time of meal		Date/Time of symptoms		Number exposed	Number ill
Duration of illness		Physician/hospital		Address	
2. Establishment Name			Cafe 157	Food involved	
Address	157 E. Main St NA, IN 47150	County	Floyd	Date of visit	Time of Visit
3. Product label		Code/expiration date			
Mfg. <input type="checkbox"/> Name		Address		Pkg. size	
Dist. <input type="checkbox"/>					
Place of purchase			Address		
Date of purchase		Number purchased		Number on hand	
Police/firm notified			Contact		
Additional info.					
- Spoke with owner who confirmed complainant is a previous and disgruntled employee. - Reminded her about only preparing food in restaurant, nothing brought from home.					
Sample collected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Complaint taken by TS					